

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT see read instructions before completing and for Notice regarding public hur

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SECTION 1 - General Information			-	icase I cad III:	sti detto i o	a complem	(r lease i eau ilistitudios peloi e complemily airo toi voince i egalunily public pataent.)	co regarding	papiro paraci	-					
 Name and Mailing Address of Respondent 	spondent														
TVC Albany, Inc. 41 State Street, 10th Floor Albany, NY 12207	or												Check his a char address.	Check here if this is a change of address.	
2. Year Report Filed		Reporting Period (Ending Date of Pay Deriod Covered by Report)	Period (Endin	g Date of Pay			4. Number o	Number of Full-Time Employees during Selected Reporting Period (check one):	nployees duri	ng Selected					
2018		12/15/2017	12/15/2017	Š			a. Feg	a. Fewer than 16 (complete Sections b. 16 or more (complete all sections)	complete Sectional sections and sections and sections and sections are sections and sections are sections and sections are sections and sections are sections are sections.	Fewer than 16 (complete Sections I, IV, and V only) 16 or more (complete all sections)	(V only)				
SECTION II - Full-Time Employees.															
							Num (Report emplo	Number of Employees (Report employees in only one category	yees one category)						
Job			ŧ					Race/Ethnicity							
Categories	Hispanic or	inic or						Not-Hispanic or Latino	iic or Latino						Total
	La	Launo			Male	le					Female	nale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	
					Pacific Islander		Native				Pacific Istander		Native		
	Α	В	င	D	E	F	G	T		٦	7	L	×	z	0
Executive/Senior Level Officials and Managers 1.1							,								
First/Mid-Level Officials and 1.2															
Professionals 2															
Technicians 3															
Sales Workers 4															
Administrative Support 5 Workers															
Craft Workers 6															
Operatives 7															
Laborers and Heipers 8															
Service Workers 9															
TOTAL 10															
PREVIOUS YEAR TOTAL 11															

SECTION III - Part-Time Employees.	рувез.						Number of Employees (Report employees in only one category)	Number of Employees employees in only one c	yees one category)				1 11		
Categories	Hispanic or	o o						Not-Hispanic or Latino	ic or Latir	៰	70	10	10	10	0
	Latino	ō			Male	ъ Б				1 1		Fen	Female	Female	Female
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	w .	Black or African American		Black or African American	Black or Native Asian American African Hawaiian or Indian or American Other Alaska Pacific Native	Black or Native Asian African Hawaiian or American Other Pacific Islander
	A	В	С	D	п	F	G	ェ		_	l J			Χ.	Х г
Executive/Senior Level Officials and Managers	1.1														
and	1.2														
Professionals	2														
Technicians	З														
Sales Workers	4														
Administrative Support Workers	5														
Craft Workers	6														
Operatives	7														
Laborers and Helpers	8														
Service Workers	9														
TOTAL	10										_			-	
PREVIOUS YEAR TOTAL	11		-												
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	imination Compla	ints Pursuar	it to 47 CFR	22.321, 23.5	5, 90.168, 101	.4, and 101.	311.								
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employn (Attach a list indicating parties involved, date filed, counts or agencies before which the matter has been heard, file number 1.	ne Commission tha iny body having count ne Commission tha	t no complain npetent jurisc t the following ed, date filed,	ts regarding viction in such	violations of t matters duri alleging violat encies before	he equal empl ng the calend ions of the pro which the ma	oyment provar year cover	isions of Fede red by this rep ny equal empl n heard, file no	ral, state, ten ort. oyment oppor	ritoria tunity r des	t, or loca / statute ignation	l, or local statutes ha r statute have been fi ignation, and current	t, or local statutes have been filed a statute have been filed against thi ignation, and current status or disp	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	l, or local statutes have been filed against this statute have been filed against this company. ignation, and current status or disposition.	l, or local statutes have been filed against this statute have been filed against this company. ignation, and current status or disposition.
SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	nowledge, informal	ion, and belie	f, all stateme	nts in this rep	ort are true a	nd correct.		:							
Date [13 05/25/2018 2	Typed or Printed Name of Person Signing Anthony Lievanos	ame of Perso	n Signing			Signature	5		1				(518)	Telephone No. (518) 694-8716	Telephone No. (518) 694-8716
Tille of Person Signing Regulatory Compliance Analyst	iance Anal	/st		WILLFULLY OF ANY ST/	FALSE STAT	EMENTS M SE OR CON	STRUCTION	FORM ARE PERMIT (47 I		PUNISHABLI J.S.C. 312 (A	PUNISHABLE BY F NE AI J.S.C. 312 (A)(1) AND/OR	PUNISHABLE BY F NE AND/OR IMPRI J.S.C. 312 (A)(1) AND/OR FORFEITURI	PUNISHABLË BY F NE AND/OR IMPRISONMENT (* J.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C.	PUNISHABLE BY F NE AND/OR IMPRISONMENT (18 U.S.C. 100 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY F NE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).